STATEMENT OF ORGANIZATION		OFFICE USE ONLY		
Name and Address of Committee Business Affairs Research		2. Date of this Statement 01/12/2015	PAC S/O	
Program 575 North 8th Street Baton Rouge, LA 70802-		3. Estimated Membership	1/22	
		4. Amended Statement? YesXNo	#896463 #4680	
5. All Committee Officers and Directors (in	ncluding Chairperson, Tre	easurer, if any, and any other commi		
a. <u>Name</u>	b. Position	c. <u>Address</u>		
Executive Director John C Williams	Chairperson			
Executive Director John C Williams	Treasurer	575 North 8th Street Baton	Rouge, LA 70802-	
6. Affiliated Organizations				
a. <u>Name</u>	b. Address		c. <u>Relati</u>	onship to Comm
	b. Address			
mutual funds.) a. Name 8. IF THIS COMMITTEE SUPPORTS A S	b. Address		aign Committee X Sut	osidiary Commit
mutual funds.) a. <u>Name</u>	b. Address			osidiary Commit
mutual funds.) a. Name 8. IF THIS COMMITTEE SUPPORTS A S	b. Address		aign Committee X Sut	osidiary Commit
mutual funds.) a. Name 8. IF THIS COMMITTEE SUPPORTS A S b. Name of Candidate 9. a. Name of Person Preparing Report Assistant Toni Villa	b. <u>Address</u> SINGLE CANDIDATE: a	a. Check one: Principal Camp	aign Committee X Subc. C. Office Sought by the C	osidiary Commit Candidate
mutual funds.) a. Name 8. IF THIS COMMITTEE SUPPORTS A S b. Name of Candidate 9. a. Name of Person Preparing Report Assistant Toni Villa b. Daytime telephone (225)343-3436 10. WE HEREBY CERTIFY that the inform	b. Address SINGLE CANDIDATE: a	a. Check one: Principal Camp STATEMENT OF ORGANIZATION is	aign Committee X Subc. C. Office Sought by the C	osidiary Commit Candidate
mutual funds.) a. Name 8. IF THIS COMMITTEE SUPPORTS A S b. Name of Candidate 9. a. Name of Person Preparing Report Assistant Toni Villa b. Daytime telephone (225)343-3436 10. WE HEREBY CERTIFY that the information and belief.	b. Address SINGLE CANDIDATE: a	a. Check one: Principal Camp STATEMENT OF ORGANIZATION is 2	aign Committee X Sut c. Office Sought by the C	osidiary Commit Candidate
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mutual funds.) a. Name 8. IF THIS COMMITTEE SUPPORTS A S b. Name of Candidate 9. a. Name of Person Preparing Report Assistant Toni Villa b. Daytime telephone (225)343-3436 10. WE HEREBY CERTIFY that the informinformation and belief. This 3 day of August 12	mation contained in this serson	a. Check one: Principal Camp STATEMENT OF ORGANIZATION is Da	aign Committee X Sut c. Office Sought by the Construe and correct to the best strue and correct to the best sylime Telephone Number	osidiary Commit Candidate